

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/526 403

FILING DATE

APPLICANT(S)

7/25/03

3/14/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6	/		/			
7		/		/		
8		/		/		
9	/		/			
10		/		/		
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14	/					
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46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	7		6		6	
TOTAL DEP.	64		64		64	
TOTAL CLAIMS	71		70		70	

	* 3/14/05 *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/		/			
53		/		/		
54		/		/		
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99						
100						
TOTAL IND.	7		6			
TOTAL DEP.	64		64			
TOTAL CLAIMS	71		70			